

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee Mundy Katowitz Media			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>12</td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>01</td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>2015</td></tr></table>			12	01	2015
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Mailing Address 1322 G Street, SE			Amount <table border="1" style="width:100%"><tr><td>960002.45</td></tr></table>			960002.45		
960002.45								
City Washington	State DC	Zip Code 20003	Transaction ID : SE-682					
Purpose of Expenditure Media Buy TV		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>11</td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>24</td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>2015</td></tr></table>			11	24	2015
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Name of Federal Candidate Donna Edwards		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD					
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"><tr><td>999902.45</td></tr></table>	999902.45	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td>999902.45</td></tr></table>	999902.45
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(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td>999902.45</td></tr></table>	999902.45
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Denise Feriozzi

[Electronically Filed]

Date

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2015

Signature